BUS DRIVER II (TAHOE) Supplemental Questionnaire

NAME:							
(Last)	(First)	(Middle Initial) Soc		al Security Number			
All applicants must submit responses to this supplement with their application. Based on your responses to this supplement, your experience, education, and training will be evaluated and rated using a pre-determined formula. Scores from this evaluation will determine the applicant ranking and placement on the eligible list. Applications submitted without a completed supplemental questionnaire will be rejected.							
ASSIGNMENT PREFERENCES							
Are you willing to accept work in the Tahoe area?					Yes [No 🗌	
Are you willing to accept part-time work (less than 40 hours per week)?					Yes [No 🗌	
Are you willing to work on an extra help/temporary (no benefits) basis?					Yes [No 🗌	
Do you currently have a Class B driver's license with air brake and passenger endorsements?						No 🗌	
(If yes, please attach a copy or letter verifying certification)							
Do you currently have a valid Cardio-Pulmonary Resuscitation (CPR) Certificate?						No 🗌	
(If yes, please attach a copy or letter verifying certification)							
3. Do you currently have a valid First Aid Certificate?				Yes No			
(If yes, please attach a copy or letter verifying certification)							
4. Do you have a Medical Card issued by the Department of Motor Vehicles?						No 🗌	
(If yes, please attach a copy)							
5. Do you have a vehicle transit training certificate issued by the Department of Motor Vehicles?					Yes No		
(If yes, please attach a copy or letter verifying certification)							
INSTRUCTIONS: In the boxes to "X" in the box that corresponds			6 months to 1 year of experience		rears of rience	2 + years of experience	
Paid driving experience involving	carrying of pass	engers in a car .					
Paid driving experience involving	carrying of pass	engers in a van .					
Paid driving experience involving	carrying of pass	engers in a bus .					
I certify that all the statements made in this application supplement are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in rejection of my application for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify this information. Signature of Applicant: Date:							